

President's Management Council

INTERAGENCY ROTATION PROGRAM

The PMC Interagency Rotation Program enables emerging Federal leaders to expand their leadership competencies, broaden their organizational experiences, and foster networks they can leverage in the future.

Rotation Experience Description

Department/Agency:	Click here to enter text.		
Component:	Click here to enter text.		
Organizational Mission/Role:	Click here to enter text.		
Rotation Title:	Click here to enter text.	Required Clearances:	Click here to enter text.
Number of Positions:	Click here to enter text.	Office Address:	Click here to enter text.
GS Level: (13, 14, and/or 15)	Click here to enter text.		
Supervisor Name, Title:	Click here to enter text.	Agency Point of Contact:	Click here to enter text.
Supervisor Email:	Click here to enter text.	POC Email:	Click here to enter text.
Supervisor Phone:	Click here to enter text.	POC Phone:	Click here to enter text.
Available workplace flexibilities:	Click here to enter text.		
Description of Development Opportunity: 1. Projects, Roles, and Responsibilities / 2. Anticipated Accomplishments			
Click here to enter text.			

Developmental Goals: Please select 2-3 primary Executive Core Qualifications (ECQs) that the participant may cultivate on this assignment. For more information about ECQs, please visit www.opm.gov/ses/recruitment/ecq.asp.

ECQs (check all that apply): *Please provide comments about how this assignment relates to the ECQs and will provide a meaningful work experience for the participant:*

Leading Change	<input type="checkbox"/>	Click here to enter text.
Leading People	<input type="checkbox"/>	
Results Driven	<input type="checkbox"/>	
Business Acumen	<input type="checkbox"/>	
Building Coalitions	<input type="checkbox"/>	

The PMC Fellow will be offered the following developmental opportunities (check all that apply):

<input type="checkbox"/>	A Senior Executive mentor (this may be the host supervisor)
<input type="checkbox"/>	At least one senior-level shadowing experience
<input type="checkbox"/>	A peer-level work/project advisor
<input type="checkbox"/>	Individual Development Plan and regular check-ins on developmental progress
<input type="checkbox"/>	A closing assessment of accomplishments and specific recommendations for continued development
<input type="checkbox"/>	Access and exposure to senior-level meetings
<input type="checkbox"/>	Subject-specific onboarding designed to provide learning on a key skill, issue, profession, etc.
<input type="checkbox"/>	Participation in agency-provided training, such as online learning, workshops, speaker series, etc.
<input type="checkbox"/>	Supervisory experience
<input type="checkbox"/>	Cross-agency collaboration experience
<input type="checkbox"/>	Project management experience
<input type="checkbox"/>	Other (please explain)

How would this opportunity benefit the participant and his/her home organization upon their return?

Click here to enter text.

Special Requirements (if any):

Click here to enter text.

Host Supervisor's Signature

Second-line Supervisor's Signature

Click here to enter a date.

Date

Click here to enter a date.

Date